

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please deliver or mail this to the  
Baraboo Police Department at the  
address below, or give it to any em-  
ployee of our department.

8-08

# How are we doing?

## Police Department Questionnaire



[www.cityofbaraboo.com/police](http://www.cityofbaraboo.com/police)

**Non-Emergency (608) 355-2720**  
**Emergency 911**



## ***Baraboo Police Department Citizen Questionnaire***

**We strive to provide police services that reduce crime and the fear that it causes, and to promote a safe environment. Your opinions matter to us and will help us to measure our performance and set priorities.**

**Thank you for helping us to keep our community safe by completing this questionnaire.**

***Rob Sinden  
Chief of Police***



I feel safe in Baraboo.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

**If you've been contacted by an employee of Baraboo Police Department, please rate our performance.**

Helpfulness in solving the problem:

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Overall quality of service:

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

The officer treated me fairly and respectfully.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

I received service in a reasonable time period.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

**What problems do you feel need more police attention?**

Drunk Driving	<input type="checkbox"/>
Illegal Drug Activity	<input type="checkbox"/>
Juvenile Offenses	<input type="checkbox"/>
Loud Music and Noise	<input type="checkbox"/>
Thefts and Burglaries	<input type="checkbox"/>
Traffic Violations	<input type="checkbox"/>
Vandalism	<input type="checkbox"/>
Other _____	<input type="checkbox"/>